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WORLD RESEARCH IN ALCOHOLISM

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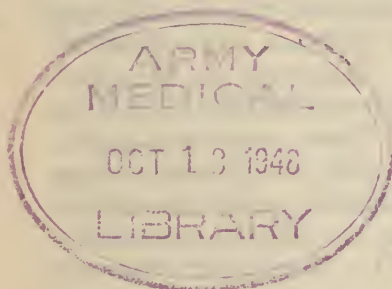
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85. ABRAMSON, H. A. (physiol., Columbia U., Coll. Physicians & Surg., New York): Effect of alcohol on the personality inventory. Ann. N.Y. Acad. Sci. 56: 535-57, 1946. "Among normal adults it is often found in administering the Minnesota Multiphasic Personality Inventory that one expresses the same attitudes when under the influence of alcohol as when sober; sometimes there may be relative differences expressed whereby the scoring in some categories may drop 20 or 25 points but no radical differences have been encountered in 20 such experiments." -- Author.
86. ALLEN, E. B. and PROUT, C. T. (Psychiat., New York Hospital, Westchester Div., White Plains, N. Y.): Alcoholism. (p. 535-48 in Progress in Neurology and Psychiatry; New York, Grune and Stratton, 1948.) Review of 46 articles from the 1947 literature on alcoholism.
87. CHARLIN, A., GARDIEN, P. and MARTY, P. (Soc. Neurologie Paris): Dipsomanies - données pathogéniques. (Dipsomanias - pathogenic data.) Ann. Méd.-Psychol., Paris 104: (Pt. II) 38-47, 1946. "Three syndromes featuring inordinate thirst (diabetes insipidus, potomania, and dipsomania) are described and illustrated with cases. The boundary lines are not clear. Dipsomania is physiogenic, the seat of the disturbance being located in the hypothalamic region which is the brain center of thirst, hunger, and mood. Accordingly, the dipsomaniac is depressed and drinks because the trouble originates in an anatomical region which controls at the same time mood and the instinct of thirst." -- F. C. Sumner in Psychol. Abstr.
88. DAYTON, N. A. (psychiat., Mansfield State Training School and Hosp., Mansfield Depot, Conn.): New facts on mental disorders; a study of 89,190 cases. Springfield, Ill.: C. C. Thomas, 1940, 486 pp. 110 graphs, 84 tables. \$4.50. The findings of a research project carried out by the Mass. Dept. of Ment. Health, aided by grants from the Laura Spellman Rockefeller Memorial Fund and the Rockefeller Foundation. Data were compiled from examinations of 89,190 patients admitted to Mass. mental hospitals during 1917 to 1933, a period which included World War I, prohibition, and the depression. Chapters on "Alcohol and mental disorders" (144-181) and "Alcohol and other factors" (182-202) show the part played by alcohol in filling mental hospitals. "More than one-fifth of all U. S. mental patients are alcoholics." In the 56,579 first admissions "with mental disorder," 32% of the males and 6% of the females were classified as intemperate in the use of alcohol. Chronic alcoholism in first admissions was at the high point of the 1917-33 period in 1917 (31%). The first year of prohibition, 1920, shows both the low for alcoholism and the lowest admission rate of the period studied. From 1921 on, substitute liquors began to appear, and alcoholism in admissions rose from 15% in 1920 to 23% in 1924. From 1924 to 1933, the period of unemployment and depression, admission rates increased, but less alcoholism in first admissions was observed. In the ages 30 to 60 years, over 40% of male first admissions are classified as intemperate users of alcohol, and 7 to 10% of females. One in three male admissions in the ages 60-69 years, one in five in the 70-79 ages, and one in eight in the 80-89 ages, are recorded as intemperate users of alcohol. The upper educational groups are low in intemperate use of alcohol, while the lower educational groups and the illiterate are high in chronic alcoholism. Intemperate use of alcohol is associated with a lower economic level. In the males, the intemperate use of alcohol is linked with dependency. In the females, either the temperate or intemperate use of alcohol tends to link with dependency. The divorced first admissions show the largest relative amounts of chronic alcoholism, and the highest admission rates. Urban centers are high in chronic alcoholism, high in admission rates.

89. EBAUGH, F. G. (psychiat., Colorado Psychopathic Hosp., Denver): Psychiatry in war. Tex. Rep. Biol. Med. 1: 41-51, 1943. "The author considers it obligatory for each state in the U.S.A. to set up a master file wherein records would be kept in standardized form concerning all drunkards, defectives, psychopaths, and mentally ill persons in the state, as well as information necessary to identify any individual ... available on the demand of a responsible agency. ... As nearly one billion dollars are spent each year on the 33,000 casualties of the last war and as 60 per cent of those among them who require hospital treatment are neuropsychiatric patients, the importance of the preventive measures described is underlined." -- Abstr. in Excerpta Medica.
90. ENGEL, G. L. and ROSENBAUM, M. (psychiat., U. Rochester, N.Y.; U. Cincinnati, O.): Delirium: III. Electroencephalographic changes associated with acute alcoholic intoxication. Arch. Neurol. Psychiat. 53: 44-50, 1945. "Acute alcoholic intoxication was induced in 7 normal subjects with normal electroencephalograms and in 4 subjects with chronic alcoholism who had occasional convulsions associated with drinking bouts and whose control electroencephalograms showed abnormally fast or slow activity. ... In all instances the development of intoxication was accompanied by progressive slowing of the brain waves, but the degree of slowing proved a more reliable index than the development of any particular wave frequency. Gross intoxication was associated with a change in mean frequency of 2 to 3 cycles per second. When the preintoxication record was fast or fast normal, the record obtained during gross intoxication had a frequency distribution within the normal range (8 to 12 waves per second) and contained no frequencies below 7 waves per second. Indeed, some abnormally fast records became more 'normal' during intoxication. With recovery the electroencephalogram returned to the preinduction status. A close correlation was demonstrated between the electroencephalogram and the level of consciousness, but not with the more personal aspects of behavior." -- Authors.
91. FEINER, M., KRICHESKY, B., and GLASS, S. J. (Zoology, U. Calif., Los Angeles): Effect of liver cirrhosis on the reproductive system of the male rat. Proc. Soc. exp. Biol. 66: 235-9, 1947. "Young adult male rats were intubated with varying doses of CCl_4 in 50% alcohol thrice weekly for periods up to 12 weeks to produce hepatic damage. 0.05 ml. CCl_4 3 times a week produced maximum liver damage with minimum mortality. Thirty-two additional animals were given this dose for from 22-88 days. The sex accessories were removed and weighed at the time of sacrifice. Striking atrophy of the sex accessories was observed, a reduction in weight of 67% below untreated controls occurring in 80 days. There was no significant change in testicular weight, and only two of the 32 treated animals showed histologic damage. Withdrawal of the poisonous agent resulted in healing of the liver and partial weight recovery of the sex accessories." -- Authors in Biol. Abstr.

PLEASE NOTE: WORLD RESEARCH IN ALCOHOLISM is intended as a bibliographical reference source of articles and books published currently and during the past decade, providing side-by-side comparisons of related work in psychiatry, psychology, physiology, pathology, biochemistry, sociology, and allied fields. Views expressed in the summaries and abstracts are those of the authors.

Authors of research in alcoholism are invited to supply the Research Editor with two reprints of their publication for the LIBRARY OF WORLD RESEARCH IN ALCOHOLISM, along with an abstract indicating purpose, findings, and conclusions. Abstracts should be kept under 100 words for publication in the annotated bibliography.

If you wish to receive future issues of WORLD RESEARCH IN ALCOHOLISM and have not already mailed your request please write: State of Illinois, Department of Public Welfare, Division of the Alienist, 912 South Wood Street, Chicago 12, Illinois.

92. GLAD, D. D. (psychol., U. Colorado Med. Center, Denver): Attitude-experience characteristics of male, American-Jewish and American-Irish youth, with reference to use of alcoholic beverages. Amer. Psychol. (Abstr.) 1: 450, 1946. "A consistently high rate of inebriety among American-Irish ethnics contrasts with a negligible rate among American-Jewish. The present study was designed to discover attitude-experience characteristics of youth of these groups, with reference to this difference. Forty-nine cases each of Irish, Jewish, and Control high school youth were matched on age, I.Q., and socioeconomic status. They were exposed to a projective rating scale, an exploratory interview and a questionnaire. These instruments had been designed to provide data to test the following hypotheses: (1) That a restrictive attitude of parents towards a son's use of liquor will produce excessive drinking; a permissive attitude will produce moderation. (2) That a preference for high-proof liquors will be found in groups having a high inebriety rate. (3) That a self-consciously distinct minority group will attempt to behave in accordance with the most acceptable standards of the larger society. Excesses in either direction (abstinence or inebriety) will be avoided for the sake of conformity."
93. HEATH, R. G. (neuropsychiat., Columbia U., Coll. Physicians & Surg., New York): Group psychotherapy of alcohol addiction. Quart. J. Stud. Alcohol 5: 555-62, 1945. "Although prealcoholic personalities differ basically, a few common elements are apparent. There is desire for supremacy with self-pampering, which is associated with a wish to be sheltered and to avoid responsibility. As a result of these trends, the person finds it necessary to withdraw from society, developing what the author calls 'isolationism.' A psychotherapeutic approach was adopted similar to that of A.A.: (1) establishment of intellectual insight into the problem; (2) neutralization of the need for supremacy in order to remove the isolationism. It was felt that real psychotherapeutic value was achieved by the opportunity given the alcoholic patient to expose his abnormal narcissistic personality traits. An acceptance of religion helps him combat frustration. Results of this type of treatment have been encouraging." -- Beck in Arch. Neurol. Psychiat.
94. HEWITT, C. C. (psychol., U. Minnesota, Minneapolis): A personality study of alcohol addiction. Quart. J. Stud. Alcohol 4: 368-86, 1943. "Several groups of alcohol addicts, including 37 members of A.A., were tested for major personality trends by the Minnesota Personality Schedule. Alcohol addiction, in the groups studied in this survey, seems to be associated, with but few exceptions, with deep personality disorders. Nearly all the subjects showed marked psychopathic deviation which was often associated with neurotic, paranoid or schizoid trends. Homosexual components were conspicuously absent in the findings. Except for psychopathic personality, the individual scores varied widely in each of the phases tested and did not reveal a characteristic profile. It appears possible that the consistently high scores in the direction of psychopathic personality may be partly a function of the disorganized life situation resulting from alcohol addiction rather than the presence of a specific underlying psychopathic structure." -- Author.
95. KARLAN, S. C. and HELLER, E. (Neuropsychiat. Queens Gen. Hosp., Flushing, N. Y.): Chronic alcoholism; psychiatric and Rorschach evaluation. J. clin. psychopath. 8: 291-300, 1946. "The writers investigated 50 cases of chronic alcoholism in a neuropsychiatric section of a station hospital. The patients were given physical, neurologic, and psychiatric examinations, followed by the Wechsler-Bellevue intelligence test and the Rorschach test. From the examinations, the patients were classified as consisting of 17 psychoneurotics, 26 inadequate personalities, and 7 mental defectives. The neurotics and defectives showed many inadequate features such as general insecurity and lack of confidence. A close relationship between psychoneurosis, alcoholism, and inadequate tension states is suggested." -- G. A. Muench in Psychol. Abstr.

96. KOLLER, A. (Zollikon-Zurich): Die behandlung des chronischen Alkoholismus. (The management of chronic alcoholism.) Gesundh. u. Wohlf. Zurich 26: 611-19, 1946.
"The sequelae of chronic alcoholism can with prospect of success be gotten at with vitamin B in so far as irreparable injury has not been done to organs. However, vitamin B does not cure the alcoholic of his mania. For the treatment of the latter whose conditio sine qua non is permanent, abstinence from alcohol is the only sure way to the goal." -- F. C. Sumner in Psychol. Abstr.
97. MALZBERG, B. (N.Y. State Dept. Ment. Hygiene, Bur. of Statistics, Albany, N.Y.): A study of (675) first admissions with alcoholic psychoses in New York State, 1943-44. Quart. J. Stud. Alcohol 8: 274-95, 1947. "The characteristics of first admissions with alcoholic psychoses to all public and private hospitals for mental disease in New York State during the fiscal year ended March 31, 1944, are analyzed. These psychoses are more prevalent among males than females. Admissions with such psychoses to the mental hospitals are more frequent in summer. Male first admissions with alcoholic psychoses are older than the females. Such admissions include a larger percentage with subnormal intelligence than is found among all first admissions with mental disease. Those with low levels of formal education have higher rates of first admissions with alcoholic psychoses than those with a high-school or college education. Among males the lowest rate of first admissions with alcoholic psychoses occurred among the married. Among females the lowest rate occurred among the unmarried. Urban populations have higher rates of first admissions with alcoholic psychoses than rural populations. Negroes have higher rates of such first admissions than whites. The rate of first admissions with alcoholic psychoses declined during both World War I and II. This suggests a relation between social factors operating in wartime and the prevalence of alcoholic psychoses." -- Author in Biol. Abstr.
98. MEERLOO, A. M. (162 E. 38th St., New York): Variable tolerance to alcohol. J. nerv. ment. Dis. 105: 590-7, 1947. 10 ref. " ... emphasizes importance of a variety of physical and mental factors on reaction to alcohol. The relation between constitutional factors and exogenous irritation is constant, whereas susceptibility to drugs and other toxins is variable. Individual differences show that tolerance is influenced by the mental state during usage, by fatigue, by duration of use of the toxin, and on the weight and general condition of the consumer, as well as his cultural level. Aboriginal men react more quickly to alcohol, with less complications, than civilized ones, in the same way that juveniles react to cerebral intoxicants. In uncivilized man alcohol discloses a short-lived psychosis more easily than in civilized, inhibited persons. Reactions of the same individual to the same toxin may vary greatly. After the liberation in Europe, because of the hunger and the changed mental attitude of displaced persons, variable tolerance to alcohol led to many complications. In several instances Meerloo found that the usual sedatives and narcotics intended to calm the patient produced the opposite reaction. Alcohol tolerance is negligible after cerebral concussion or brain surgery and is low in an environment lacking in oxygen or in the presence of hunger. It may also be affected by secondary intoxication with other drugs. Hereditary factors are apparently responsible for the fact that members of some families are more sensitive to alcohol. Experiments during the war showed that persons under emotional tension react abnormally to alcohol, however normally they acted before. In soldiers with such conditions as anxiety neurosis the abnormal reaction persisted long after discharge from the service." -- Yearbook of Neurology, Psychiatry and Neurosurgery, 1947. Chicago: Year Book Publishers, Inc. (psychiatry section, N. D. C. Lewis, ed.)
99. MÖLLERSTRÖM, J. (Wenner-Grens Inst., Stockholm): Über storungen des zwischenstoffwechsels bei chronischer alkoholvergiftung. (Disturbances of intermediary metabolism in chronic alcohol intoxication.) Ark. Kemi. Min. Geol. Stockholm 19A (No. 10), 26 pp., 1945 (in German) "Studies of 14 cases of chronic alcoholism showed markedly decreased blood sugar and glycogen stores with indications of qual.

changes of the blood sugar. In many cases increased anaerobic metabolism with increased endogenous alcohol and pyruvic acid formation was found. Acetonemia was marked in all cases sometimes bordering on values found in precomatose states of severe diabetes. Author concludes that all these changes can be explained by a disturbance of citric acid metabolism. On this assumption 5 cases were treated by intramuscular injection of Na fumarate (0.1 g./day) with and without vitamin B₁ and adenosinetri-phosphate. The treated cases showed a rise in blood sugar toward normal and a general improvement not obtained with vitamin B₁ and ATP alone." -- K. F. Urbach in Chem. Abstr.

100. NEWMAN, H. W. (neuropsychiat., Stanford U. Sch. Med., San Francisco): Acute alcoholic intoxication, a critical review. Stanford U., Calif.: Stanford U. Press, 1941. 207 pp. \$2.50. Correlation and evaluation of biochemical, physiological, and medico-legal research in acute alcoholic intoxication during the past twenty years.
101. NEYMANN, C. A., URSE, V. G., MADDEN, J. G., and COUNTRYMAN, M. A. (Cook County Psychopathic Hosp., Northwestern U. Med. Schl., Loyola U. Med. Schl., and Ill. Inst. of Tech., Chicago): Electric shock therapy in the treatment of schizophrenia, manic depressive psychoses, and chronic alcoholism. J. nerv. ment. Dis. 98: 618-37, 1943. The authors report, among other cases, treating "five chronic alcoholics with the idea that the retrograde amnesia which develops with electric shock might cause the patients to forget their desire for alcohol. Treatment was continued until the patients became very confused. All five patients, however, resumed the use of alcohol in a short time, and the authors conclude that 'electric shock therapy seems to be useless in the treatment of chronic alcoholism.'" -- Abstr. in Amer. J. Psychiat. (Review of psychiatric progress, 1944).
102. PETROVA, M. K. (Pavlov Physiological Lab., Moscow, U.S.S.R.): Effect of chronic use of alcohol on dogs of varying nervous activity. Trud. fiziol. Lab. Akad. Pavlov, Moscow. 12: 104-5. "... Results of this study facilitate considerably comprehension of certain symptoms observed in men suffering from chronic alcoholism. Investigation carried out on ten dogs, eight castrated and two normal. ... In majority of cases weak dogs show more taste for alcohol and less resistance to the drug than strong ones. Under the influence of alcohol all showed at first a decrease of inhibition and subsequently a decrease in excitatory process. All the dogs had one feature in common - small doses of alcohol considerably improved conditioned reflex activity; this seeming improvement was due to paralysis of inhibition and was manifested by annihilation of hypnotic state; i.e., of inhibition, under the action of alcohol, thus contributing to reappearing of conditioned reflexes which, owing to hypnosis, had disappeared. ... Data obtained show not only various reactions of dogs of several types and ages to the initial dose of alcohol, but also the varied resistance of the nervous system to prolonged use of alcohol. Particularly sensitive in this respect are old dogs with nervous system worn out by hard work. All the dogs with chronic alcoholism presented a similar picture of c.r. activity with lowering of inhibitory process at first, and later decrease of the excitation process, alteration of these processes, pathological lability and inertness. In addition, one of the dogs displayed phobia toward the experimenter, and another dog showed symptoms suggesting alcoholic hallucinations." -- Abstr. in Amer. Rev. Sov. Med.
103. RILEY, J. W. Jr., and MARDEN, C. F. (sociol., Rutgers U., New Brunswick, N.J.): Social pattern of alcoholic drinking. Quart. J. Stud. Alcohol 8: 265-73, 1947. "... The authors have approached the topic from a sociological viewpoint and have made free application of statistical methods. It would appear that no less than 65% of the adult population of the U. S. drink alcoholic beverages. It has become not only socially acceptable but a social 'must.' The general belief, however, that Americans are much addicted to hard liquor is not borne

out by the facts. Nearly two-fifths of the drinking population do not drink hard liquor. Beer is the drink of choice. Three times as many men as women are regular drinkers. In former times the poorer classes tended to overindulge but the reverse is true in these days of prosperity. Indulgence, of course, reaches its high point in Metropolitan areas and the peak of drinking is attained during the second decade. There is an increasing tendency for middle-aged and elderly people to prolong the drinking habits of earlier years. With respect to religion, drinking is relatively high among those of Catholic and Jewish faiths. The trend towards urbanization has led to attenuation of this strength of primary social controls upon the behavior of individuals. Thus women have shown a proportionately high increase in drinking habits although they are still much in the minority. The small town culture is predominately Protestant which explains the lower incidence of drinking in those localities. The incidence of alcoholism, however, is not necessarily correlated with the prevalence of drinking within any cultural group." -- Abstr. in J. Clin. Psychopath.

104. SEITZ, P.F.D., and MOLHOLM, H. B. (psychiat., Washington U. Sch. Med., St.Louis): Relation of mental imagery to hallucinations. Arch.Neurol. Psychiat. 57: 469-80, 1947. "Relation of mental imagery to hallucinations was studied in 40 schizophrenic patients, of whom 20 reacted to auditory hallucinations and 20 did not, in 10 patients who had recovered from alcoholic hallucinosis, and in 114 normal subjects. Results showed that the mean percentages of auditory imagery for the two groups who had, or had had, auditory hallucinations were significantly lower than those for the two groups of patients with no present or past hallucinations. Hallucinated schizophrenic patients and the recovered alcoholics did not differ significantly with respect to their mean percentages of auditory imagery. Schizophrenic patients without auditory hallucinations and normal subjects did not differ in this respect. These findings strongly suggest that auditory hallucinations may depend on a relatively low percentage of auditory imagery. If persons who project mental conflicts as auditory hallucinations were tested objectively they would probably be found to have hallucinations in a modality of imagery in which they were relatively deficient. Thus, deficient auditory imagery is a vulnerable point and is a characteristic of the patient rather than of his mental illness. While some workers question the validity of imagery testing in schizophrenia, the authors believe that their results are valid because they separated visual from auditory imagery, and their groups of schizophrenic patients did not differ materially in cooperativeness. Nevertheless, the mean percentage of auditory imagery for the group with auditory hallucinations was lower than that for the group without such hallucinations. Likewise, the recovered alcoholics were not disturbed at the time of testing; yet their mean percentage of auditory imagery was significantly lower than for normal subjects. The results of the study seemed to disprove the theory that auditory hallucinations are exaggerations of already predominating auditory imagery, and suggest the new concept that one of the factors responsible for auditory hallucinations is relatively deficient auditory imagery." -- Yearbook of Neurology, Psychiatry and Neurosurgery, 1947. Chicago: Year Book Publishers, Inc. (psychiatry section, N. D. C. Lewis, ed.)
105. STRAUS, R. (sociol., Yale U., New Haven): Alcohol and the homeless man. Quart. J. Stud. Alcohol 7: 360-404, 1946. "In the year ending June 1946, 203 men were interviewed in a Salvation Army men's social center. Reviewed are drinking behavior as related to age and occupation, social status, marital status, sexual outlets, relation to parental home, nationality and religion, mobility and education. Undersocialization is the difference between homeless men and alcoholics who are not homeless. The homeless man infrequently escapes from his homelessness, for it acts as an ever-growing barrier between him and social integration." -- W. L. Wilkins in Psychol. Abstr.

106. THOMPSON, G. N. (neuropsychiat., U. South. Calif., Los Angeles): A psychiatric formulation of alcoholism. Quart. J. Stud. Alcohol 7: 346-55, 1946. "Thompson stresses the psychological factors basic to habituation to alcohol, although he admits it may become a 'quasi addiction.' In true addiction the withdrawal symptoms can be relieved only by the specific drug to which the patient is addicted. In alcoholism the symptoms can be removed by another sedative drug than alcohol; for example, the aldehyd of the ethyl ester. It is apparent, therefore, that these patients are addicted 'only to sedation itself.' He refutes the assumptions of a 'physiological demand' and an 'allergy.' Alcoholics do not realize that they are attempting to ventilate their personality characteristics rather than escape from them and that these characteristics demand periodic expression and alcohol makes the expression possible." -- E. B. Allen and C. T. Prout in Progress in Neurology and Psychiatry, 1947 (chapter 28, Alcoholism).
107. WILENS, S. L. (path., New York U. Coll. Med., New York): The relationship of chronic alcoholism to atherosclerosis. J. Amer. med. Ass. 135: 1136-9, 1947. 16 ref., 1 fig., 7 tables. "A study of necropsy findings in 519 persons aged 35 or older with chronic excessive alcoholism at Bellevue Hospital, New York, during the past 12 years. In approximately one-half of these addicts the daily consumption was known to have exceeded 1 pint (568 ml.) of whisky or its equivalent for many years. In all the others consumption was known to have been excessive for long periods of time. The incidence of atherosclerosis is compared with that in a control group of 600 consecutive necropsies of total abstainers and moderate consumers of alcohol aged 35 or older. In the alcoholic group it was found that atherosclerosis was considerably less common and less severe than in the control group, as also were lesions of the coronary and cerebral arteries. An explanation may be found in the fact that although three-fourths of the control group were 55 years or older at death, only one-half of the alcoholic men and one-fourth of the women survived beyond the age of 55. Of the alcoholics 27.9% had cirrhosis, but this did not increase the incidence of atherosclerosis. In age groups the incidence of atherosclerosis in the 423 alcoholic and 434 non-alcoholic men was almost identical. The author considers that the differences in incidence of atherosclerosis in the two groups depend not on alcoholism itself but on associated differences in age, blood pressure, and nutrition. Hypertension, diabetes, and obesity were all less common in the alcoholics. His conclusion is that 'substitution of alcohol for ordinary foods in the diet has no appreciable effect on the development of atherosclerosis'." -- D. Hall in Abstr. World Med.
108. WORTIS, H., and SILLMAN, L. R.: (Part I. Case histories): and HALPERN, F. (Bellevue Hosp., New York): (Part II. Psychological test results): Studies of compulsive drinkers. (J. F. Cushman and C. Landis, eds.) New Haven: Hillhouse Press, 1946, pp. 90. "The histories of 18 well-selected cases are given and the entire material is compared with normal controls. Most of the alcoholics were from the upper social and economic levels and had high educational achievements. No evidence was found that inebriate behavior could be related directly to any single event or to any single relationship in the life histories of these people, but it is stated that, on the basis of 'psychological test results, the alcoholic appears to be a poorly adjusted, unstable, restless individual. Unlike many poorly integrated people, he does not withdraw in the face of disturbing situations' or 'resort to the usual adjustive or neurotic forms of behavior in response to them.' The Rorschach results are especially illuminating in this connection. ..." -- L. Kolb in Ment. Hyg.